

## Connecticut Eligible Fishery Participant COVID-19 Related Losses Self-Certification and Assurances

In applying for Federal assistance from the Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service; through the Atlantic States Marine Fisheries Commission I certify that the following are true (please initial each statement):

- \_\_\_\_\_ I am an eligible recipient of assistance under the CARES Act (P.L. 116-136) Section 12005;
- \_\_\_\_\_ I am a resident of the State of Connecticut;
- \_\_\_\_\_ I am not a minor;
- \_\_\_\_\_ I am not de-barred from receiving federal funds;
- \_\_\_\_\_ I am not on the federal government "do not pay list";
- \_\_\_\_\_ I am requesting funds to address fishery-related revenue losses incurred during the specified period of loss in 2020 as a direct or indirect result of the COVID-19 pandemic, and the incurred economic revenue losses during the 2020 specified period of loss are greater than 35% relative to my average fishery-related revenue during the same period in 2015-19 as defined in the Connecticut CAAFP spend plan;
- \_\_\_\_\_ I certify that all of the information on my Connecticut CAAFP aid application is true, complete, and correct to the best of my knowledge, including but not limited to information I have provided concerning revenue and personal income derived from participation in qualifying fishery sectors, licenses I currently hold and have held in the past, past activity in qualifying fishery sectors, and vessels that I own or operate;
- \_\_\_\_\_ I attest to having documents/records to support the 2020 revenue losses stated on my Connecticut CAAFP aid application, and to support my eligibility for Connecticut CAAFP aid as defined in the Connecticut CAAFP spend plan;
- \_\_\_\_\_ I agree to maintain these documents/records for a period of no less than 3 years after the close of the primary grant award to Atlantic States Marine fisheries Commission. I understand that documents and records must be made available upon request from the State of Connecticut, Atlantic States Marine Fisheries Commission, or the Office of the Inspector General;
- \_\_\_\_\_ I certify my understanding that I may not be made "more than whole" in 2020 by virtue of receiving COVID-19 related federal financial assistance. I understand that if the sum of all COVID-19 related federal financial assistance I receive and my traditional revenue earned over the course of 2020 exceeds my average annual revenue earned across the previous 5 years (2015-19), the onus is on me to repay any surplus federal aid funds. This includes any and all payments from the Atlantic States Marine Fisheries Commission under Section 12005 of the CARES Act;

\_\_\_\_\_ I have already received the following types and amounts of COVID-19 related federal financial assistance in 2020 (please write in types and amounts of aid in box below; if none then please write "NO AID");

\_\_\_\_\_ I have not applied for aid under the CARES Act Section 12005 from any other State, Tribe, or Territory; alternately, if I have applied for aid under the CARES Act Section 12005 from any other State, Tribe, or Territory, I have provided the name of that State, Tribe, or Territory in the box below;

\_\_\_\_\_ *Only Individuals applying under the seafood dealing/wholesaling/processing sector as the owner or operator of a Connecticut seafood dealing/wholesaling/processing business that does not hold a Connecticut Seafood Dealer License:* I certify that I am the owner or operator of a business in Connecticut engaged in seafood dealing/wholesaling/processing (not to include seafood retail businesses or restaurants), and that the business in question meets the Qualifying History requirements as defined in the Connecticut CAAFP spend plan.

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The information provided on this affidavit is true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Fisheries Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last,

\_\_\_\_\_  
First

\_\_\_\_\_  
MI

Participant (Please Print)